DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09566

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 1

(Stote)

22b. DATE

(Stote)

SIGNED

Days

USA

(County)

19 c, that (1) (we) last

e. IS RESIDENCE

ON A FARM?

YES NO X

Year

1960

SOMERSET

Months

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE o. COUNTY b. COUNTY MARYLAND MARYLAND SOMERSET c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) CRISFIELD T.THET IME d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION MARINERS SECTION MARTNERS SECTION NAME OF 4. DATE First Middle Last Month JOHN HENRY BEDSWORTH DEATH August (Type or print) 9. AGE (In years lost birthdoy)

8 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH MALE WHITE DIVORCED T JULY 8. 1892 WIDOWED [ 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) CRISFIELD. MARYLAND MERCHANI RETAIL GROCERY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CORNELIA WARD CHARLES BEDSWORTH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MRS. NELL BEDSWORTH-- CRISFIELD. MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the undercorrespond lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 1960 ta 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_ saw the deceased alive an \_19.522, and that death accurred at M, fram the causes and an the date stated above. 22o. SIGNATURE ATTENDING MED. PHYS M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) A. N. BARR, M.D. MAIN ST .-- CRISFIELD, MD. 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION. REMOVAL (Specify) SUNNYRIDGE CEMETERY CRISFIELD, MD. AUG.29.1960 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE

BRADSHAW & SONS--CRISFIELD, MD.

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TO FUNER

VS A15 (4) 15M 9/SS

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9600

**CERTIFICATE OF DEATH** 

09567

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Somers	et	MARYLAND	2. USUAL RESIDENCE (W O. STATE Maryland	There deceased lived	If institution b. COUNTY	on, Residence before merset	ore admission	n)
b. CITY OR TOWN (If RURAL ond give necessary)		te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		mits, write R	URAL ond give ne	arest town)	
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give st	reet oddress)	d. STREET ADDRESS	th Stre	et		e. IS RESID ON A FA	ARM2-
3. NAME OF DECEASED (Type or print)	Find Bessie	Middle	Cottman	4. DATE OF DEATH	Mon 8	th D	2 19	60
5. sex Female	6. COLOR OR RACE 7. A	NARRIED NEVER MARRIED OWED X DIVORCED	B. DATE OF BIRTH 2/6/1894	9. AC	E (In years birthday) yrs.	Months Days	Hours Hours	24 HRS. Min.
Od. USUAL OCCUPATIO during most of working Retir		No. KIND OF BUSINESS OR IND House Wife	USTRY 11. BIRTHPLACE (SIGN  Marylan  14. MOTHER'S MAIDEN	d		U S	A e	OUNTRY
Samuel	Cottman			ilghman				
1S. WAS DECEASED EVER	IN U. S. ARMED FORCES? I yes, give wor or dates of service]		INFORMANT Elizabeth C	ottman.	Add		ne,Md	
Conditions, if on gave rise to in cotse (o), stoting to lying couse lost.  PART II. OTH  20a. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFE)	mediate DUE TO  ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BY A DESCRIBE HOW INJURY OCCURR	deonda	us and	mi	/EN IN PART 1(o)	19. WAS AU PERFORA YES   1	MED?
20c. TIME OF INJURY Hour o. m. p. m.		d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, far octory, street, office bldg., e	m, 20f. (City or to	wn)	(County)		(State)
21. I certify the alive on	I attended the dec	10	h accurred at 7,3  M.D. Srin	D.M., from the ADDRESS (Street of Class)	causes a	2, that I last s and an the do stote) (C. M	ate stated	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	8/7/\$0	John Wesle		22d. LOCATION (		or county	(Stote)	
23. FUNERAL DIRECTOR'S						7		

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VS. A15ME(5) 5M 9/55

	MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BALTIMORE	, 18
9602	MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

		-	-	_
Rea.	Dist.	No.		

1. PLACE OF DEATH	merset		MARYLANE		IDENCE (V		ed lived. If institution b. COUNT	otion: Residen		mission)
b. CITY OR TOWN (II	l outside corporale limits, writ	RURAL	3 years	c. CITY OR	Town (I		orote limits, write			lown)
d. NAME OF HOSPIT	AL OR INSTITUTION (	If not in hosp	pitol, give street address)	d. STREET		44			01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir L	ena	Middle [	Lost Eggebrech		4. DATE OF DEATH	Mont Augus		Doy 1,	Year 19 60
5. SEX Female	White	WIDOWED		July 19,	186	9	9. AGE (In years last birthday) 9 yrs.		YEAR IF UN	
House	ON (Give kind of working life, even if retired)  OPK	done 10b. K	IND OF BUSINESS OR INDU	Dunk	urk,	New 1	ountry) ork		S.A.	T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S						
15. WAS DECEASED EV	John Mier	-		Marie	Tat	е				
(Yes, no, or unknown) NO	(If yes, give war or dates of			W. F. Egg	gebre	cht, R	Address umbley,		nd	
	TH [Enter only one can TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acut	for (o), (b), and (c).] te Coronary Ho	eart Dise	ease				INTERVAL BETTONSET AND E	
Conditions, if o	diote couse	Chro	onic Myocardi	tis					Unkno	wn
(o), sloting the cause lost.	(c)		eriosclerosis						Unkno	
CATIC		DITIONS <u>CO</u>	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	IINALDISEASE	CONDITION GI	VEN IN PART	1(o) 19. WAS PERF YES [	ORMED?
	USE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of in	jury in Par	rt I or Port II	of ilem 18.)			
20c. TIME OF INJUI	RY Month, Day, Yes	While	2	ACE OF INJURY () ctory, street, affice			or town)	(Coun	ity)	(Stole)
21. I certify th	nat I taak charge	af the r	emains described ab	ove, held an	Autaps	y 🔲, Ir	spectian 🖪	, Inquiry	, and	find that
death resulted	from: Natural	causes 🏖	, Accident , Si	vicide, H	lomicide	e 🔲, Ur	ndetermined	cause 🔲.		
ACTUAL SIGNATURE_	MAHRI	wire		M.D. CHIEF M	NEDICAL E	XAMINER [				SIGNED
EXAMINER'S NAME (Type)	R. H. John	son, N	1.D.			EXAMINER E	Y		8/22	/60
220. BURIAL, CREMATIC REMOVAL (Specify)	8-24-60	)F	22c. NAME OF CEMETERY C				onia, Ne		(St	ote)
23. FUNERAL DIRECTOR	S SIGNATURE	sen	ADDRESS Princess And			D BY REGIST	RAR 24b. REG	ISTRAR'S SIGN	1 -	

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VS A15 (4) 15M 9/58

Seafood   Maryland   U.S.A.			MARY	LAND	STATE DEPA	ARTM	ENT OF H	EALTH	H-BAI	LTIM	ORE, 1	8	005	ca	7.0
PLACE OF DEATH			96	03	CERT	IFICA	ATE OF E	EATH	4						
D. COUNTY  SOMERSET  b. COUNTY  MARY LAND  b. COUNTY  SOMERSET  b. COUNTY  SOMERSET  b. COUNTY  SOMERSET  b. COUNTY  SOMERSET  CRISTIELD  CRISTIELD	F	NI ACE OF DEATH		_						1.12 1	10.1 11.11				
D. CITY OR TOWN IT outside corporate limit, write  U.R. ISFIELD  I.R. SFIELD  I.R. STEET ADDRESS  I.R. STEELD  I.R. STEET ADDRESS  I.R. STEELD  I.R. STEET ADDRESS  I.R. STEET ADDR	1"	o. COUNTY			MAD	VIAND		DENCE (WI	nere deceose			n: Kesid	ence beto	re odmis	sion)
RURAL ond give monetal trom)  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  DAMAGE OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give	H														107
d. NAME OF HOSPITAL IN TOOL IN hospital, give invest oddres)  OR INSTITUTION  OR CREADY MEMO-HOSP.  147 S. 4TH STREET  OR NATION  OR CARRESTITION  OSCAR.  FOSQUE  FOSQUE  FOSQUE  FOR HITT AUGUST  16 19 60  S. SEX  OSCAR.  FOSQUE  FOSQUE  FOR HITT AUGUST  OSCAR.  FOSQUE  OSCAR.  OSCAR.  FOSQUE  OSCAR.  OSCAR.  FOSQUE  OSCAR.  OSCAR.  FOSQUE  OSCAR.  OSCAR.  OSCAR.  OSCAR.  OSCAR.  OSCAR.  FOSQUE  OSCAR.				its, write	c. LENGTH OF STA	YINIb	c. CITY OR	TOWN (If a	outside corp	orote lim	its, write RL	JRAL one	d give ned	prest tow	n)
Down Institution   Down   Do	L				1	me	37	CRIS	FIEL	D					
B.DW.   M. MCCREADY   MEMO. HOSP.   147   S. 4TH   STREET   YES   NO   D.		d. NAME OF HOSE	1				d. STREET A	DDRESS						e. IS RES	FARM?
DECEASED (Type or pint)  S. SEX  NALE  N. COLOR OR RACE  NARRECUL NEVER MARRIED  NOTICE 15 NOTE	L		MCCREAD	Y $ME$	Mo.Hosp			147	S. 4	-TH	STRE	ET			
Cryse or print    O. SCAR	3.	NAME OF	Fi	rst	Middl	е	Los	t	4. DATE		Mont	h	Da	у	Year
S. SEX			05	C AR.	-		Fos	OUE.	DEATH	A TI	GHST	7	1	6	19 60
MALE   NEGRO   WIDOWED   DIVORCED   7-19-1922   Sign stream   Doys   Hour   Min.   Min.   Month   Doys   Hour   Min.   Min.   Month   Doys   Hour   Min.   Min.   Min.   Month   Doys   Mary Land   Dore   D	5.	SEX			NEVER MARK	RIED 🔲		2		9. AGE	(In years	IF UND	R 1 YEAR		
10. SUAL OCCUPATION (Give kind of work annel 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY   Laborer   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (Stote or foreign country)   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FOR EXTENSION OF SAR AH BAKE   CRISFIELD   MD.   15. WAS AUTOFSY   15. WAS AUTO		MATE	71.77				7-19-	1022				Months	Doys	Hours	Min.
Seafood   Maryland   U.S.A.	10	o. USUAL OCCUPAT	ION (Give kind of work	done 10b.		OR INDU			or foreign		, ,	12. CI	TIZEN OF	WHAT	OUNTRY?
13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME		during most of wo	orking life, even if retired	)			71/5						TT	0	1
EULICE FOSQUE  15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  19. PART I. DEATH WAS CAUSE (b)  19. Conditions, if any, which gove rise to immediate couse (o), stoing the under lying couse lost.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMEDY YES NOT DEATH (I) ETHER NOTHER MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING 20.  20. ACCIDENT WAS UNDERLYING 20.  20. CONTRIBUTING CLAUSE OF DEATH (I) ETHER NOTHER MEDICAL EXAMINER)  20. TIME OF INJURY Month, Doy, Year 20. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  21. I certify that I attended the deceased fram 7. J	13				Dourou							1	0.	D.E	
15. WAS DECEASEDEYER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO.  16. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]  18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).]  19. PART I. DEATH WAS CAUSED BY.  10. Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse last.  10. Conditions of the under last line last last last last last last last last		7")	T							7					
Second contribution of the price of the pr	15				COCIAL SECURITY NO	0   1	NEODMANT	LIL	LYE	VAN					_
PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (c)   200   1	0	Yes, no, or unknown)					_	LAKE			01		ELD,	$M_L$	) .
DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR COUNTY OR COUN		18. CAUSE OF DE	EATH [Enter only one co	ouse per li	ne for (o), (b), and (c	).}							INTI	ERVAL 81	TWEEN
DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoing the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES DIE TO 1/1/1/20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTION OR CONTRIBUTING CAUSE OF DEATH OR COUNTRIBUTING COUNTRIBUTION COUNTRIB		PART I. DE	ATH WAS CAUSED BY:	1 ac	sute.	Mes	occurl	الم	Fai	lu			ON	LAND	DEATH
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gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DO. ACCIDENT WAS UNDERLYING ACCIDENT	L	Conditions if	ony which )	. 1/		N.	1.8							10	
Part   I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART   10   19. WAS AUTOPSY PERFORMED?   YES   NO     20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port   or Port   or firm   18.)   19. WAS AUTOPSY PERFORMED?   YES   NO     20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   (County)   (Stote)		gove rise to	immediate (	) 00		100	0-00-0	Any				-		1~	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  YES NO   20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  YES NO   20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  YES NO   20a. ACCIDENT WAS UNDERLYING CONTRIBUTION FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  YES NO   YES ON	L		g the <u>under-</u>												
20a. ACCIDENT WAS UNDERLYING   OF CONTRIBUTING   CAUSE OF DEATH   OF CONTRIBUTING   COUNTY   OF COUNT	z			·	ONTRIBUTING TO D	FATH BUT	NOT PELATED TO	THE TERM	INIAI DISEA	SE CONF	NITION GIV	EN IN P	PT 1/0) 1	9 WAS	ALITOPSY
20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED While of work   19 of work	18	1200	THE STORM CART COR	DITIONS	ONTRIBUTION TO D	LAIII DOI	NOT KEENTED TO	/ ITIE TERM	IIIAL DISCA	JE CONE	JITION OIV	LIN IIN I A	(K) ((0)	PERFC	DRMED?
County   C	II.		AS HAIRSHINA D	201 DEC	CRIPE HOW INTERV	OCCUPATION OF THE PROPERTY OF	D /F-1	£ 1 1 1	D-+1 D-	na 11 na ta	10 \			AF2	NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 20d. INJURY OCCURRED foctory, street, office bldg., etc.)  20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)  21. I certify that I attended the deceased fram. 7 1.0, 1940, to 7, 1960, that I last saw the deceased alive an AUG. 16, 1960, and that death accurred at 120 P.M., fram the causes and an the date stated above ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SARAH M. PEYTON, M.D. CRISTIELD, MARYLAND  220. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) Aug 19, 1960 Lawsonia Cemetery  22c. NAME OF CEMETERY OR CREMATORY Cristield, Maryland  23c. FUNERAL DIRECTOR'S SIGNATURE  24o. REC'D BY REGISTRAR'S SIGNATURE	ERTI	OR CONTRIBUTION	G CAUSE OF DEATH	20b. DES	CKIRE HOW INJURY	OCCURRE	D. (Enter noture o	r injury in	rort I of ro	or II or II	em 16.j				
21. I certify that I attended the deceased fram 7 11 6						les n									
21. I certify that I attended the deceased fram 7 11 6	Old	Hour o. m				for	ctory, street, office	Home, farm bldg., etc	n, † 20f. (Cil :.) †	ty or tow	n)		(County)		(Stote)
alive an AUG. 16, 19, 60, and that death accurred at 120 P.M., from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SARAH M. PEYTON, M.D. CRISFIELD, MARYLAND  220. BURIAL, CREMATION, REMOVAL (Specify) Aug 19, 1960 Lawsonia Cemetery Crisfield, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS (Street, city or town, state) DATE SIGNED  ADDR	X.	p. m	10												
alive an AUG. 16, 19, 60, and that death accurred at Live M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  PHYSICIAN'S NAME (Type) SARAH M. PEYTON, M.D. CRISFIELD, MARYLAND  220. BURIAL, CREMATION, REMOVAL (Specify) Aug 19, 1960 Lawsonia Cemetery  PHYSICIAN'S NAME (Type) SARAH M. PEYTON, M.D. CRISFIELD, MARYLAND  221. LOCATION (City, town, or county) (State) Crisfield, Maryland  222. TUNERAL DIRECTOR'S SIGNATURE  ADDRESS (Street, city or town, state) DATE SIGNATURE		21. I certify	that I attended the	deceas	ed fram. 7_11	6	, 1940	, to	1)/6		, 1960,	that I	last sav	v the c	deceased
ACTUAL SIGNATURE FACTOR'S SARAH M. PEYTON, M.D. CRISFIELD, MARYLAND  220. BURIAL, CREMATION, REMOVAL (Specify) Burial  23. FUNERAL DIRECTOR'S SIGNATURE  ACTUAL SIGNATURE  ADDRESS (Street, city or town, stote)  DATE SIGNER  ADDRESS (Street, city or town, stote)		alive an_A	ug. 16	, 19	60 , and tha	t death									
PHYSICIAN'S NAME (Type) SARAH M. PEYTON, M.D. CRISFIELD, MARYLAND  220. BURIAL, CREMATION, REMOVAL (Specify) Aug 19, 1960 Lawsonia Cemetery Crisfield, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  A.D. THAIN DHREET  CRISFIELD, MARYLAND  240. LOCATION (City, town, or county) (Stote)  Crisfield, Maryland  240. REC'D 89 REGISTRAR'S SIGNATURE					1										
NAME (Type)   DARAH 11. PEYTON, 11.D.   ORISTIELD, 11ARYLAND			arch m		Ryton		м.р	AIN	SERE	ET					
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Aug 19, 1960 Lawsonia Cemetery Crisfield, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE	l	PHYSICIAN'S NAME (Type)	SARAH M.	PEY	TON. M.	D.		GRIS	FIRI	ח	MAR	YI.	1777		
Burial Aug 19, 1960 Lawsonia Cemetery Crisfield, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 89 REGISTRAR'S SIGNATURE	27					ACTERVA								10	te)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	1	REMOVAL (Specif	w) "						1					(210	ie)
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Bradshaw & Sons, Crisfield, Maryland DAALG 23'60 Quilly 2. Knows	1			isfi		hne		AUG	2 3 '60	)		- 4	11		

Bradshaw & Sons, Crisfield, Maryland

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe-	-	Ž	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,	-
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VS. A15ME(5)

o. COUNTY	omerset		MARYLANG	2. USUAL RESIDENCE ( o. STATE Mary	7	sed lived. If Institu b. COUNT		idence be		issian)
b. CITY OR TOWN	N (If outside corporate limits, wr	ite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If autside cor	porate limits, write				wn)
	al Island		hours	Cha	nce					
d. NAME OF HO	SPITAL OR INSTITUTION	(If not in hos	pital, give street address)	d. STREET ADDRESS					ON	A FARM
NAME OF DECEASED (Type or print)		oward	Middle	Lost Handy	4. DATE OF DEATH	August	h 29,	Day		rear 9 60
S. SEX	6. COLOR OR RACE	7. MARRIE	D ANEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IFUND	ER TYEAR	IF UND	ER 24 HR
Male	Colored	WIDOWE	DIVORCED [	Feb. 2, 1916		last birthday) yrs.	Months	Days	Haurs	Min.
Oa. USUAL OCCUP	ATION (Give kind of work	done 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e ar foreign o	country)	12. C			COUNTR
Seli Empl	orking lite, even if retired) Oyed	Fai	rmer & Waterma	n Tyaskin,	Maryl	and		U.S.	A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Unknown	1		Mary Handy	- Gha	noa, dan	glam.			
15. WAS DECEASED (Yes, no, or unknown) NO	EVER IN U. S. ARMED FO (If yes, give wer or dates o	6 annulus I	1. 11	INFORMANT leudie Handy	- Chan	Address ice, Mary				
18. CAUSE OF	DEATH   Enter only one co	use per line	for (a), (b), and (c), ]					INTE	RVAL BETW	EEN
			and the ten and toled					ONS	ET AND DE	ATH
PART I. C	DEATH WAS CAUSED BY:	a)	Acute Corona	y Occulsion				-	et and de	
42 PART I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Acute Coronal			German (		-		
Canditians, if	DUE TO							5		n
Canditians, if	DUE TO	)	Acute Coronal					5	budde	n
Canditions, it gave rise to im (a), stating the cause last.	DUE TO f any, which mediate cause to underlying DUE TO	)	Acute Coronar Chronic Myoca	erditis				Y	oudde ears	en
Canditions, it gave rise to im (a), stating the cause last.	DUE TO f any, which mediate cause underlying  OTHER SIGNIFICANT CON	)	Acute Coronal	erditis	NINAL DISEAS	E CONDITION GIV	VEN IN PA	Y ART 1(a)	ears	en
Canditians, il gave rise to im (a), stating the cause last.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA	DUE TO  f any, which mediate cause to underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING I	o) o) o) nditions <u>co</u>	Acute Coronar Chronic Myoca	erditis . NOT RELATED TO THE TERM			VEN IN PA	Y ART 1(a)	ears	AUTOPSY DRMED?
Canditians, il gave rise to im (a), stating the cause last.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA'  20c. TIME OF IN Hour a.	DUE TO  f any, which mediate cause to underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING  TH.  NURY Month, Day, Ye	POD. DESCRIBE	Acute Coronal Chronic Myoca Ch	erditis . NOT RELATED TO THE TERM	rt I ar Part II			Y ART 1(a)	ears	AUTOPSY DRMED?
Canditians, if gave rise to im (a), stating the cause last.  PART II.  20a. EXTERNAL PRIMARY Or CAUSE OF DEA'  20c. TIME OF IN Haur a. p.  21. I certify	DUE TO  f any, which mediate cause to underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING  TH.  NJURY Month, Day, Ya m. m. 19	POD. DESCRIBE	Acute Coronal Chronic Myoca  ONTRIBUTING TO DEATH BUT  E HOW INJURY OCCURRED.  NURY OCCURRED Not while of work	NOT RELATED TO THE TERM  (Enter nature of injury in Pa  ACE OF INJURY (Hame, farn ctory, street, office bldg., etc.)	m, 20f. (City	af item 18.)	(C	Y ART 1(a)	ears 9. WAS PERFO YES	AUTOPS: DRMED? NO
Canditians, if gave rise to im (a), stating the cause last.  PART II.  20a. EXTERNAL PRIMARY Or CAUSE OF DEA'  20c. TIME OF IN Haur a. p.  21. I certify	DUE TO  f any, which mediate cause to underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING  TH.  NJURY Month, Day, Ya m. m. 19	POD. DESCRIBE	Acute Coronal Chronic Myoca  ONTRIBUTING TO DEATH BUT  E HOW INJURY OCCURRED.  NURY OCCURRED Not while of work	NOT RELATED TO THE TERM  (Enter nature of injury in Pa  ACE OF INJURY (Hame, farn ctory, street, office bldg., etc.)	m, 20f. (City	af item 18.) y ar lawn)	(C	ART 1(a) 1	ears 9. WAS PERFO YES	AUTOPS) PRMED? NO [
Canditians, it gave rise to im (a), stating the cause last.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF IN Hour a. p.  21. I certify death result	DUE TO  f any, which mediate cause to underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING  TH.  NJURY Month, Day, Ya m. m. 19	POD. DESCRIBE	Acute Coronal Chronic Myoca  ONTRIBUTING TO DEATH BUT  E HOW INJURY OCCURRED.  NJURY OCCURRED Not while of work core	NOT RELATED TO THE TERM  (Enter nature of injury in Pa  ACE OF INJURY (Hame, farn ctory, street, office bldg., etc.)	m, 20f. (City	of item 18.) y or town)	(C	ART 1(a) 1	ears 9. WAS PERFO YES  , and	AUTOPS) RMED? NO [
Canditians, if gave rise to im (a), stating the cause last.  PART II.  20a. EXTERNAL PRIMARY Or CAUSE OF DEA'  20c. TIME OF IN Haur a. p.  21. I certify	DUE TO  f any, which mediate cause to underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING  TH.  NJURY Month, Day, Ya m. m. 19	POD. DESCRIBE	Acute Coronal Chronic Myoca  ONTRIBUTING TO DEATH BUT  E HOW INJURY OCCURRED.  NJURY OCCURRED Not while of work core	NOT RELATED TO THE TERM  (Enter nature of injury in Pa  ACE OF INJURY (Hame, farn ctory, street, office bldg., etc.)	m, 20f. (City	of item 18.) y or town)	(C	ART 1(a)	ears 9. WAS PERFO YES  DATE 5	AUTOPSY DRMED? NO (State)
Canditions, if gave rise to im (a), stating the cause lost.  PART II.  20a. EXTERNAL PRIMARY   or CAUSE OF DEA'  20c. TIME OF IN Hour a. p.  21. I certify death result	DUE TO f any, which imediate cause the underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING   2 TH.  NJURY Month, Day, Ye m.  19 that I toak charg ted fram: Natural	nDITIONS CO.  ND	Acute Coronal Chronic Myoca Ch	Enter nature of injury in Pa ACE OF INJURY (Home, farnitary, street, office bldg., etc.  ave, held an Autapa	m. 20f. (City sy, II e, U	of item 18.) y or town) nspection [1] ndetermined (	(C	ART 1(a)	ears 9. WAS PERFO YES  , and	AUTOPSI DRMED? NO (State)
Conditions, if gove rise to im (a), stating the couse last.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF IN Hour a. p.  21. I certify death result	DUE TO f any, which imediate cause the underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING   2 TH.  NJURY Month, Day, Ye m.  19 that I toak charg ted fram: Natural	POD. DESCRIBE	Acute Coronal Chronic Myoca Ch	Enter nature of injury in Paractory, street, office bldg., etc.  ave, held an Autapaicide, Hamicide, CHIEF MEDICAL E	m. 20f. (City sy, II e, U  XAMINER CAL EXAMINE	of item 18.) y or town) nspection (	(C	ART 1(a)	ears 9. WAS PERFO YES  DATE 5	AUTOPSI DRMED? NO (State)
Canditians, il gave rise to im (a), stating the cause last.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF IN Hour a. P.  21. I certify death result  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	DUE TO f any, which mediate cause the underlying  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING  TH.  NJURY Month, Day, Ye m.  19 that I toak charg ted fram: Natural  R. H. Johr.	POD. DESCRIBE	Acute Coronal Chronic Myoca Ch	Enter nature of injury in Pa  ACE OF INJURY (Hame, far stary, street, office bldg., etc.)  ave, held an Autapaicide, Hamicide, Hamicide, ASSISTANT MEDICAL ER CREMATORY	m, 20f. (City  Ey , II  E , U  XAMINER   EXAMINER [  22d. LOCA	of item 18.) y or town) nspection (	(Cause [	County)  iry  8/	ears 9. WAS PERFO YES   DATE 5	AUTOPS: DRMED? NO [  (State)

Alle Alle Andrews Conserved and Advanced 

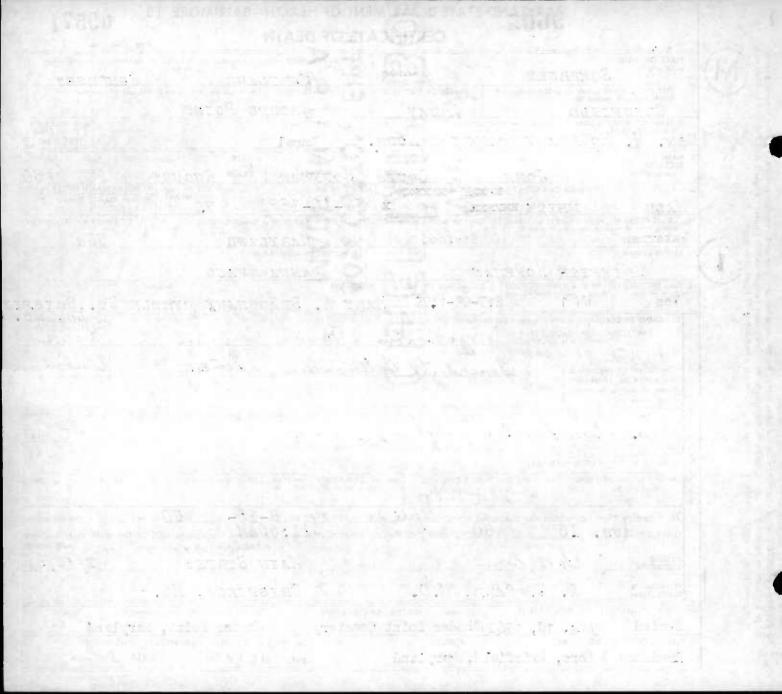
VS A15 (4) 15M 9/5B

RYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
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**CERTIFICATE OF DEATH** 

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o. COUNTY	Somerset		MAR	RYLAND	2. USUAL RESI	2.5		lived. If instituti b. COUNTY	~		
	(If outside corporate limits,	weite	c. LENGTH OF STA	VINITE	CITY OR		LAND	. 11 14 14 14		MERS	
RURAL ond give r	nearest town)	Wille	C. LENGIH OF SIA	TINID		_		ote limits, write R	UKAL ond	give nearest	town)
CRISE	IELD		1 DAY				ES Po	DINT			
d. NAME OF HOSPI	TAL (If not in haspital, give		-		d. STREET A	DDRESS				e. IS	RESIDENCE ON A FARM?
EDW. W.	McCREADY .	MEM	ORIAL H	OSP	R	lural					S NO D
NAME OF DECEASED	First		Middl	le	Los	st	4. DATE OF	Mor	nth	Day	Yeor
(Type or print)	<i>Jон</i>	N	Lo	UIS	HOFF	MAN	DEATH	AUGUS	$T_{-}$	_15_	1960
5. SEX	6. COLOR OR RACE 7	· MARK	EDIX NEVEX HAND	CIED [	B. DATE OF BIRT			9. AGE (In years last birthday)			JNDER 24 HRS.
MALE	WHITE	Apple We	DIVORC	ED 🔼	12-10	-188	1	78 yrs.	Months	Days Ho	ours Min.
0a. USUAL OCCUPATI	ON (Give kind of wark da	ne 10b. K	IND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign co		12. CITI	ZEN OF WH	AT COUNTRY?
Waterman	rking life, even if retired)		Seafood			MADY	LAND			TICA	
B. FATHER'S NAME			DOGLOGA		14. MOTHER'S					ODA	
	FFITH HOF	7776 4	3.7				EVAL				
	ER IN U. S. ARMED FORCE		OCIAL SECURITY N		NFORMANT	ANNA	LVAI	V S Add			
es, no, or unknown)	If yes, give war or dates of serv	rice)		1 20		70				~	~
ies	MM 1	- ×17	7-03-1479	17.	ARY A.	BRA	DSHAV	VY MYR	TLE	$S_{T_{\bullet}}$	CRISF
	ATH [Enter only one cous ATH WAS CAUSED BY:	e per line	for (o), (b), and (c	11.1	-Pa	4.544	C	-		ONSET .	AND DEATH
11200	IMMEDIATE CAUSE (a)_	- 7	1 To Case	un	- / 000	arece.	Cong !	alion.		0.00	wee few
Todd	DUE TO	41	1 -	10.	1.	,	No	-04		11.	1.
Conditions, if a		HAM	croleged	42	uniosel	Ospaca	200	rulely		Un	TENEDON THE
couse (o), stoting			0					/			
lying couse last.	(c)_			1.							
PART II. OT	HER SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19. V	VAS AUTOPSY ERFORMED?
Emacu	tion France	tiere	of left	his	Come de	au)					S NO
PART II. OT  PART II. OT	AS UNDERLYING 20		RIBE HOW HUJURY	OCCURRE	D. (Enter nature o	of injury in F	Port I or Port	II of item 18.)	- 100		
		les i in		100 01	LCE OF BUILDY		Tens sate				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 19	While	Nat while of work	for	ACE OF INJURY ( ctory, street, office	Hame, tarm, e bldg., etc.	, 20f. (City	or town)	(	County)	(Stote)
21 I certify t	hat I attended the o	decense	d from also	sid 2	0 , 1954	4. ta 8	-15-	, 160	that I la	et com th	a deceased
alive on AU	4 5	196	0		accurred at	11.5	54M	, 1%32,	indi i id	121 20W II	ie deceased
dive on 1	<u> </u>	, 190	∠, and that	ir dearn	accurred at					e date st	DATE SIGNED
ACTUAL	C1.12.1.	h.						eet, city or town,	store)	/	DATE SIGNED
ACTUAL SIGNATURE	C1-16.1	den			M.D	IIA I	N STI	REET		- 8/	16/60
PHYSICIAN'S NAME (Type)	A. N.	BAR	R, M.D.			CRI	SFIE	$L_D$ , $M_D$	•		
O. BURIAL, CREMATIC	ON, 22b. DATE THEREOF		22c. NAME OF CEA	METERY O	R CREMATORY		22d. LOCATI	ON (City, town,	ar county)		(Stote)
REMOVAL (Specify	Aug. 18, 1	960						s Point,			(3.3.5)
FUNERAL DIRECTOR	100	700	ADDRESS		COMC DOL A	24- 050	D BY REGISTE		STRAR'S SIG		
	& Sons, Cris	fiel.		2						S. Krau	
Drausnaw	or sons, oris	TTET	d, Paryla	.na		DATE	AUG 19	00	Julius	s. / Wall	~



VS. A15ME(5) 5M 9/55

	MARYLAND	STATE DE	PARTMENT	OF HEALTH-	-BALTIMORE,	18
9601	MEDIC	AL EXAM	MINER'S	CERTIFICATE	OF DEATH	

	0011	erset		MARY	LAND	o. STATE Mary		b. COUNT	P	mers		1310117
b. CITY and	OR TOWN (If give nearest town)	outside corporate limits, wr Princess		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		porate limits, write ine – Rura			-	wn)
d. NAM	E OF HOSPITA	L OR INSTITUTION	(If not in ho	spital, give street addres	is)	d. STREET ADDRESS					ON	ESIDENCE A FARM?
DECEAS (Type of	ED	1	i <del>n</del> Iartha			Lost Holbrook	4. DATE OF DEATH	August		Day		1960
	emale	Colored	WIDOWI	Speed .		6/13/1913		9. AGE (In years last birthday) 47 yrs.	Months	Days	1F UND Hours	ER 24 HRS Min.
Oa. USUA during r	L OCCUPATION OF WORKING HOUSE	N (Give kind of work) life, even if retired; WOPK	dane 10b.	KIND OF BUSINESS OR Home	INDUSTR	Princess A	or foreign	aryland		S.A.	F WHAT	COUNTRY
13. FATHE		Gilbert S				14. MOTHER'S MAIDEN I						
No		R IN U. S. ARMED FO (If yes, give war or dates o		SOCIAL SECURITY NO.		rles Edward	Holbr	Address rook - Rt.	2-Pr	ince	ss A	inne,
gave	itians, if or rise to immed toting the u	nderlying DUE TO	Met	astasis to	the					at		ist.
20a. E. PRIMA	XTERNAL CAU	SE WAS				OT RELATED TO THE TERM			EN IN PA		9. WAS PERFO YES	AUTOPSY DRMED? NO
₹ 20c, T	RY or CONE OF DEATH.  ME OF INJUR  Hour a. m. p. m.	IRIBUTING LI	ear 20d. Whi	INJURY OCCURRED 2	0e. PLAC	E OF INJURY (Home, farm y, street, office bldg., etc	n, 20f. (Cit		(Co	iunty)		(State)
				remains described		e, held an Autaps ide [], Homicide	_	nspectian <b>[]</b> , ndetermined o			and	find the
EXAM	ATURE LIMITED'S	. H. Johns	son. M			M.D. CHIEF MEDICAL E	AL EXAMINE	ER 🗆		8/	16/6	SIGNED
220 011014		8-18-60	_	22c. NAME OF CEMETI		REMATORY Polks Road)	1	TION (City, town,			(Stat	•) yland

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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the ottending physicion and completely filled in the funeral director. Then please remove carban papers. Pages I and 2 shauld be filed with may be resided by the hospital ar ottending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Baard of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death.

PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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TO TOSTILLON OF ALLENDING	ed by the hospit	TO FUNERAL DIRECTOR: After	
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27	may be r	LER.	
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2	E	10	
	A		(4
S	M	9/5	55

)	PLACE OF DEATH     a. COUNTY	Somerset		MARYL	AND	g. STATE	Maryla		b. COUNTY	Some:	e befare	admissia	in)
	b. CITY OR TOWN (I RURAL and give no	f autside corporate lime crisfield	its, write	c. LENGTH OF STAY II	N 16	A -	Crisf		rate limits, write R	URAL and g	ive neare	est tawn)	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, of Mariner's				d. STREET A		er's S	Section			IS RESID ON A F YES	ARM?
	3. NAME OF DECEASED (Type ar print)	MYRTLI		MARIAN		Los JOHNSON	t	4. DATE OF DEATH	August	th	Day 8		ear 9 60
	5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		June 3,			9. AGE (In years last birthday) 71 yrs.	Manths		Haurs	Min.
	10a. USUAL OCCUPATION during most of world Housewif	cing life, even it refired	)	Own home	INDUST	Nary:		ar fareign c	ountry)	12. CITIZ		VHAT CO	UNTRY
1	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
1	George S	omers				Ocie	Anna	Mason					
	1S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ORMANT			Addr	ess		160	
	No	None		None	Pau	line Jo	hnson,	, Mari	ners, Cr	isfie]	ld, l	Md.	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (b mmediate)	Se	ine for (a), (b), and (c).]  Tyre My  milsty of	tene	rdities	art	erepres	- Censau		ONSE.	VAL BETY TAND D	WEEN
	PART II. OTH	1 Vascul	an	CONTRIBUTING TO DEAT		900	ceks			EN IN PART		PERFOR	UTOPSY MED? NO
		MEDICAL EXAMINER)				DE L							
	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d. I While at war	Nat while	facto	CE OF INJURY ( ary, street, affice	Hame, farm bldg., etc.	,   20f. (City )	ar tawn)	(C	aunty)		(State
A CONTRACTOR OF THE PARTY OF TH		it (1) (this haspital sed alive an Caraca A. N. BAF	7	ded the deceased for the second to the secon		ath accurred  ATTENDING PHYS.  22d, ADDRI	d at/30		STAFF PHYS.			/22b.	
	23a. BURIAL, CREMATIO REMOVAL (Specify)	Aug. 10,		23c. NAME OF CEMET					TON (City, tawn, o		nd	(State)	
	24. FUNERAL DIRECTOR &		fiel	ADDRESS d, Maryland				UG 19		STRAR'S SIG		L.A.	

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please exe-	4 should be		I, cremotian,	(
O DEPUTX MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessary, please exe	cute the Viscote, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral		O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremotian,	
1. If any dela	the funeral	ed for your	n the registrar	
urs ofter death	1, 2, and 3 to	may be retain	s 1 and 2 with	
within 24 hou	. Give Pages	M3. Page 5	nit. File page	
be executed	cil in Item 18.	g with farm P	al-transit perr	
lificate shauld	ding" in pen	's Office alon	used as a buri	
NER: This cer	he ward "per	ical Examiner	3 should be	
ICAL EXAMI	ate, writing t	e Chief Medi	ECTOR: Page	
DEPUTY MED	te the	I of Cabrawa	UNERAL DIR	or removed
0	C	fa	0	70

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cute the Viricate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral tor. Page 4 should be	Tarwards to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your PM3.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	or removal.	N

VS. A15ME(5) 5M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9597 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					Reg. Di	st. No.
PLACE OF DEATH O. COUNTY SOI	merset	MARYLANE	2. USUAL RESIDENCE (V		If institution: Residence COUNTY Wicon	
b. CITY OR TOWN (II and give nearest town	t outside corporate limits, write RUR "Crisfield	c. LENGTH OF STAY IN 16		outside corporate lin	nits, write RURAL and	give nearest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (IF no	t in hospitat, give street address)	d. STREET ADDRESS	30	719-9	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Alm	a Evans	Nelson	4. DATE OF DEATH A	Manth ugust 9,	Day Year 19 60
s. sex Female	White   w	MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH July 31,1897	9. AGE last-bir	(In years IFUNDER Months I	TYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZ	ZEN OF WHAT COUNTRY
House	ework	Home	Crisfield	, Maryland	U	J.S.A.
13. FATHER'S NAME	7		14. MOTHER'S MAIDEN			
	Peter Evans		Addie Ho	lland		
1S. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FORCES (If yes, give war or dates of service	)	Evelyn Byrd -	Salisbury	Address Maryland	
Conditions, it agave rise to immed (o), stoting the couse lost.	diate couse underlying DUE TO	Acute Coronary F		INAL DISEASE COMO	TION CIVEN IN BADT	sudden
20g. EXTERNAL CAL	IISE WAS 20h D	ESCRIBE HOW INJURY OCCURRED.				PERFORMED? YES NO MA
PRIMARY OF COLCAUSE OF DEATH.  20c. TIME OF INJUINED IN THE PRIMARY OF THE PRIMAR			ACE OF INJURY (Home, form clary, street, affice bldg., etc.		) (Cou	nty) (State)
death resulted		the remains described ab ses Accident , Su			on 🔼 Inquiry	
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	R. H. Johns	son, M.D.	M.D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINER		8/11/60
220. BURIAL, CREMATIC REMOVAL (Spricify) Burial	8/3/2/60	22c. NAME OF CEMETERY O Asbury Meth.		23d. LOCATION (CI	y, town, or county) Maryland	(Stote)
23. FUNDANT DIRECTOR	SISIGNATURE S	Crus field			24b. REGISTRAR'S SIG	NATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	UGOS - CERTIFICATE OF REATH	
	The Living West annual Control of the State	ripi sarmar 19 at-
200	Plon no Propuls no. 23.5 no. 24 1-100	
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	on the last	

VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
9607	CERTIFICATE	OF DEATH		

09576
Reg. Dist. No.

			, and the same of	eg. Dist. 140.
1. PLACE OF DEATH O. COUNTY Somerset	MARYLAND		nere deceosed lived. If institution:	Residence before odmission)  Somerset
b. CITY OR TOWN (If outside corporate limits, write Rural omboirg necrest town) Anne	c. LENGTH OF STAY IN 16		outside corporote limits, write RUR/ rincess Anne	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree R.P. P. D. Princess Anne	eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print) Arinthia	V. Middle Pr	itchett	4. DATE Month OF August	Day Yeor 2 19 60
famala shite	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 25,18	Laurett at the state of the sta	UNDER 1 YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Mary)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  James MacLane		14. MOTHER'S MAIDEN N		
1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT S. Emily Ni	Address ikkinen, Princ	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-	r line for (o), (b), ond (c).]  Myocardial i  coronary art		sis	interval setween onset and death minutes.  years
□ OR CONTRIBUTING □ CAUSE OF DEATH!	NS CONTRIBUTING TO DEATH BUT	3003120		IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d Hour o. m.	f.	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify that I attended the dece alive anAll g	eased from 2=11,56	accurred at_9P	M, fram the causes and a ADDRESS (Street, city or town, sto	an the date stated above.  DATE SIGNED
220. BURIAL, CREMATION, BUTTA Secity Aug. 4, 196	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or community to the state of t	A CO.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Princess A			AR'S SIGNATURE

# DAGO Anno Maria Ma

FIELD

Mr. Vernon, Margland

2007.00	bunigrall to see	Charles Edwinson
	te Rural Asimons Anne	MI Prince and amount Image
		and emouling to all
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	10 75, 1817 71 71	of some states
	basy lord	found its
	Service Andrew Service	A - oral ball sound
Ladamin	dra. delay likkinen, Princes  u) a. infantantan	
		parts and sever section

Tincoss fine, Md. . . . . . .

Aug. 4, Lado

cute the tificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral actor. Page 4 should be
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O = O M	ARYLAND S	TATE DEP	ARTMENT	OF HEALT	H-BAL	TIMORE,	18
9598	MEDICA	L EXAM	NER'S C	ERTIFICA	TE OF	DEATH	-

	CERTIFICATE OF DEATH
	Reg. Dist. No.
	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission o. STATE  Pennsylvania  B. COUNTY
-	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  Philadelphia
-	d. STREET ADDRESS  e. IS RESID ON A F

1.	PLACE OF DEATH o. COUNTY	Somerse	t	MARYL	AND	o. STATE		nere deceas	h COUN		Residence	e before o	dmission)
	b. CITY OR TOWN (If and give nearest town)			c. LENGTH OF STAY IN	d lb	c. CITY OR TOW			70	e RUI	RAL and gi	ve negresi	lawn)
	and give realist town)	Crisfield		7 days		1	Phi '	ladeli	nhia	7	C)	1- =	
	d. NAME OF HOSPITA	72	If not in ho	spital, give street address)		d. STREET ADDRE		Lactor	OILLO.		-3	e. 15	RESIDENCE
							141	N. 58	3th. Str	ee'	t		NO D
3.	NAME OF DECEASED	Fir	si	Middle		Lasi	1	. DATE	Mon			Day	Year
	(Type or print)	Arc	hie	L.		Scriber		DEATH	Aug	us	t	6,	1960
5.	SEX	6. COLOR OR RACE	7. MARRI	ED A NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years	IF	UNDER 1Y	EAR IF U	NDER 24 HRS
	Male	Negro	WIDOWE	D DIVORCED		May 3. 190	03		lost birthdoy) 57 yrs		onths Da	ys Hou	rs Min.
10	o. USUAL OCCUPATION	N (Give kind of work	done 10b. I	KIND OF BUSINESS OR IN	NOUSTR			r foreign o	ountry)		12. CITIZE	OF WH	AT COUNTRY
		ister	198	Religious		Crist	fie	id. M	aryland		IJ	.S.A.	
13	FATHER'S NAME					14. MOTHER'S MAID			1 2000	,			
	Ahre	aham Scrib	ar ·					Metil	da Ward	1			
15	. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		PEGLI	Addres				
[Ye	n, no, or unknown)	(If yes, give war or dates of	service)			Mac	T	lo++ic	Tourne				
		H [Enter only one cau	te per line	for (a) (b) and (c) ]		LIL 2	• 1	BULLE	Tourne	У		INTERVAL BE	TWEEN
		WAS CAUSED BY:	se por inte									ONSET AND	DEATH
	Cebro-Vascular Accident 30 Min.												
	001	DUE TO											
	Conditions, if on gove rise to immedi												
	(o), stating the us												
	cause last.	) (c)											
TION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE T	ERMIN	IAL DISEASE	CONDITION G	IVEN	IN PART 1	PER	FORMED?
2	OO CYTEOLIAI CALI	- 144.e										YES [	NOM
CERTII	PRIMARY OF CON'CAUSE OF DEATH.	TRIBUTING []	b. DESCRIB	E HOW INJURY OCCURR	ED. (En	ter noture of injury in	Port I	or Port II	of item 18.)				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While			OF INJURY (Home, y, street, office bldg.		20f. (City	or town)		(County	')	(State)
	21. I certify the	at I taak charge	af the	remains described	abov	e, held an Aut	apsy	□. In	spection X	. 1	nquiry	XI. an	d find the
F			_	Accident .		de . Hamie			determined			(22)	
		1 10											
	ACTUAL /	A holy	sen			CHIEF MEDICA	AI FXA	MINER [				DAT	E SIGNED
	SIGNATURE		700			M.D. ASSISTANT MI							
	EXAMINER'S NAME (Type)	Dohant II	Talan	W D		DEPUTY MEDI			_				
22.	BURIAL, CREMATION	Robert H.		22c. NAME OF CEMETER	V 00 0								
	REMOVAL (Specify)						· ·	240. LOCAT	TON (City, town,				tole)
22	FUNERAL DIRECTOR'S	Aug. 11,	1960	Lawsonia (	Jeme		BEC'D	BY REGISTI	Cristie		R'S SIGN		Md.
23.											A S. F.		
	Bradsha	w & Sons		Crisfield, 1	vary	Land DATI	EAUL	1 6 '6		UVUM	or a. "		

VS. A15ME(S) 5M 9/5S

HTASO TO STADIFICATE OF DEATH the of within the property of the second second

15	Item 18	Film	26MARYL	AND	STATE DEPAR	RTMEN	NT OF H	EALTH	H-BAL	TIMORE, 1	8		u I	
1	0-20-00	ams	960	8			E OF D				Reg. Dis	19!	578	3
M 079	. PLACE OF DE				MARYL		o. STATE			d lived. If instituti b. COUNTY				ion)
	b. CITY OR T		erset utside corporate limit	ts, write	c. LENGTH OF STAY IN			aryl		rote limits, write R	Some URAL and a			)
	RURAL one	d give neare Crisi	st town)			-	30		ield					
079	OR INSTIT	UTION	(tf not in hospital, g Cready M		ial Hosp.		d, STREET AL	_	bury	Avenue				FARM?
	3. NAME OF DECEASED (Type or prin	it)	Elwood		Middle C	S	lost Sterli		4. DATE OF DEATH	August		Day 7		rear 1960
	5. SEX Male	6.		7. MARRI	ED NEVER MARRIED	B. C	DATE OF BIRTH	1		9. AGE (In years lost birthdoy)	IF UNDER			
	10a. USUAL OC	CUPATION	Give kind of work of	WIDOWE	DIVORCED  SIND OF BUSINESS OR		1-20-1		or foreign co	80 yrs.	12. CITIZ	7 FN OF V	WHATC	OUNTRY?
	PLUM?	t of working	life, even if retired)		ONTRACTOR			ryla		/1		.S.		00.
No.	13. FATHER'S NA				Ow MACION	1	4. MOTHER'S	MAIDEN	NAME .					771
	Willi	am T.	. Sterli	ng			R	ebec	ca A	NNIE ST	ERLIN	C		
_	15. WAS DECEA	SED EVER IN	U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.		RMANT			Add				
1)		, ,				Met	ca Ste	rlin	g	Cri	isfie	ld,	Ma	ryl s
	100	T I. DEATH	[Enter only one co WAS CAUSED BY: MEDIATE CAUSE (o	^	for (o), (b), and (c).]	····	their.	Hens	tite	, <u>-</u>		ONSE	VAL BET	DEATH
even	15	6.1	DUE TO		an cine	Later	1 - 2 :	J						
		ns, if ony,		)	(Carc	inoma	a of He	epati	(c)					
		e to imm stoting the se lost.												
0	CATIC	Ble	ding rel	DITIONS CO	ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART		PERFO	RMED?
		ENT WAS UIBUTING DINOTIFY ME	INDERLYING   CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (I	Enter noture of	f injury in	Port I or Por	t II of item 1B.)				
		o. m. p. m.	Month, Doy, Yea	While	JURY OCCURRED 2 Not while ot work	ROe. PLACE foctory	OF INJURY (H y, street, office	Home, form bldg., etc	n, 20f. (City	or town)	(C	ounty)		(Stote)
5			I attended the	decease	d fram	15				160				
	alive an	Augus	st /	, 196	$O_{}$ , and that $c$	death o	ccurred a					date		
1	ACTUAL SIGNATURE	So	und 2	2, ,	Payton	M.D	M		Stree	treet, city or town,	stote)		DATI	E SIGNED
	PHYSICIAN NAME (Typ	s Sa	rah M. F	eyto	n, M.D.		C	risf	ield,	, Maryla	and			
	220. BURIAL, CR	REMATION,	22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stote	'
0	Bur	ial	Aug. 9,	1960	Asbury C	emete	-			Crisfi			Md.	•
8	23. FUNERAL DI			H	ADDRESS	a Ma			D BY REGIST	CATALON TO THE STATE OF THE STA	STRAR'S SIG			
1		bradsi	naw & Sons	3	Crisfiel	C. IVIC	l o	DATE AN	G 16'6	y Ch.	L+11/1 A.	I Ahone		

STANDER CERTIFICATE OF DEATH Contain the control of the control o The same of the sa Action Courses Constant . . . . . Survey Struck Sometime LOSSE ENVIRONMENTAL ARTEST SELECTION OF THE PROPERTY AND ARTEST OF THE PROP TO HOSPICE OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in may be used by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled age 3 should be detached for use as the burial-transit permit. Then please remark-arbed papers. Pages 1 of the registrar priar to burial, crematian, ar remayal, and in any event within 72 hays after aboth. after doth.

tely filled it by the funeral director, Pages 1 and 2 should be filed with

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9609

**CERTIFICATE OF DEATH** 

09579 Reg. Dist. No.

a. COUNTY  SOMERSET  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CRISTIELD  d. NAME OF HOSPITAL (If not in hospitat, give street address)  OR INSTITUTION  L. W. MCCREADY MEMORIAL HOSPITAL  3. NAME OF DECEASED (Type or print)  LLOYD  JAMES  STI											
a. COUNTY	y		MARYL	AND	a. STATE			If institution.	α.		
b. CITY OR TOW	N (If outside corporate limi	its, write				AR YL	AND utside corporate lin	nits, write RL		ERSE negrest tow	
1 //-			27 043	70	201	~	FIELD				
d. NAME OF HO	SPITAL (If not in hospitol, o	give street o		ے	d. STREET A		E LELIU		7-2	e. IS RE	SIDENCE A FARM?
		TOR. T.A	I HOSPTT	PAT	1	22 H	ALL H	TGHW	AY		NO DE
3. NAME OF	Fir	rst	Middle		Last		4. DATE OF	Mant	h	Day	Year
					STERLI	NG	DEATH		GUST	2ND	19 60
5. SEX		7. MARRII	ED. NEVER MARRIED	0 1	B. DATE OF BIRTH	111	1000	E (In years burthdoy)	Months Da		Min.
M	W	WIDOWED			APRIL	11,	2009	/4 yrs.			
during most af	ATION (Give kind of work working life, even if retired	1)			TRY 11. BIRTHPL	ACE (Stote of	or foreign country)		12. CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME	AFOOD	De	ealer & Pac	Ker	IA. MOTHER'S		ELD, M	D •		ISA	
the state of the s	7 Top our	Cmmn			14. MOTHER S	Tr.			1		
	JER OME EVER IN U. S. ARMED FOR			111	IFORMANT	LAV	ENIA S	TERL.		CRIS	ביד היד
(Yes, no, or unknown)	If yes, give war or dates of a	service)	OCIAL SECONIT 140.			mmnr	ING 12.				
	DEATH [Enter only one co	use per line	for (a) (b) and (c) 1	] 1	MINTE D	TELL	1114 12.	u IIA,		INTERVAL B	
	DEATH WAS CAUSED BY:	12		7	Grown					ONSET AN	
400	IMMEDIATE CAUSE (c		ronary	10	wone	0217	7 7 7 6 6 7			Lu	~ -
Conditions, i	f and subtably										
	o immediate						71001				
lying cause lo		c)				110					
PART II.	OTHER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CON	DITION GIVE	EN IN PART 1	a) 19. WAS	AUTOPSY ORMED?
N N N N N N N N N N N N N N N N N N N	Kulliple	rib.	fractures	e (	Post	recic	lent)				] NO []
	WAS UNDERLYING ING CAUSE OF DEATH	20b. DES	RIBE HOW INJURY OC	CURRED	. (Enter nature at	injury in P	art I ar Port II af i	tem 18.)			
20c. TIME OF IN Hour a.	JURY Manth, Day, Ye			Oe. PLA	CE OF INJURY (I	lome, form,	20f. (City or tav	n)	(Cau	nty)	(State)
p.	10	While of work	Not while ot work								
21. I certify	that I attended the	decease	d from JUL1	7	TH, 1960	, toA	UG 2	., 196.QI	hat I last	saw the	deceased
alive an	AUGUST 2	196	O, and that a	death	accurred at						
	N 1. M	0				-	ADDRESS (Street, ci	ty or town,	state)	DA	TE SIGNED
ACTUAL SIGNATURE	CH Kas	we	4	^	A.D						
PHYSICIAN'S NAME (Type)	C.G.R	AWLE	Y. M.D.		_CR.I	SFIE	LD. M	AR.Y.L.	4 N D		
220. BURIAL, CREMA	iful .		22c. NAME OF CEMET				22d. LOCATION (			(Sto	ote)
Burial	Aug. 5, 19	60	Sunnyridg	e C	emetery		Crisfie			W. 1774	1676
23. FUNERAL DIRECT	or's signature radshaw & So:	naC	ADDRESS	И.			BY REGISTRAR	24b. REGIS	TRAR'S SIGN	ATURE	
D	rausiiaw & 50.	11361	TPITETT'S L	DA.L.		DATUG	0 00				

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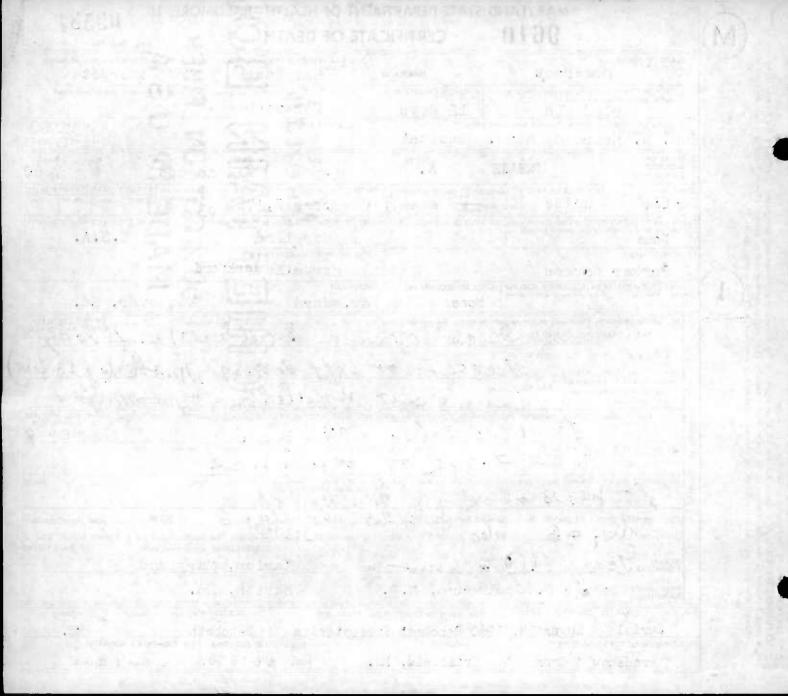
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) OMERSEI b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U 0 YES NO Middle 4. DATE Month Day Yeor DEATH 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost withday Months Dovs Min. DIVORCED | WIDOWED T yrs. SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) While Not while ot work ot work 19 40, that I last saw the deceased 21. I certify that I attended the deceased from a 19.50 to. and that death accurred at\_\_\_ My from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 22c. NAME OF CEMETERY OR CREMATORY OCAJION (City, town, or county) (Stote) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Traus DATE

ALASTRANIA DE SENTERAL MARIA DE LA SERVICIO THE STATE OF THE S A Tradate Charles

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
9610	CERTIFICATE OF DEATH	D

	301	U	CERTIFIC	AIE OF L	EAIT	1		Reg. Di	ist. No.		
1. PLACE OF DEATH o. COUNTY	Somerset		MARYLAND	O STATE	DENCE (Who		d lived. If instituti b. COUNTY	on: Resider Some	rse	e odmiss	ion)
RURAL ond give no	f outside corporate limits, parest town) LSfield		oth of stay in 16 2 days	3.0	OWN (If or		prote limits, write R	URAL ond	give near	rest town	1)
d. NAME OF HOSPIT	AL (If not in hospitol, give Cready Me	e street oddress)		d. STREET A	DDRESS	72					FARM?
3. NAME OF DECEASED (Type or print)	MOL.	LIE	A Middle	WARD		4. DATE OF DEATH	August		Day 6		Year 19 6
s. sex Temale	6. COLOR OR RACE 7	MARRIED   N	DIVORCED	8. DATE OF BIRTH		176	9. AGE (In years lost birthdoy) 8 3 yrs.	IF UNDER Months	Doys Doys	IF UNDE Hours	R 24 H Mir
Oa. USUAL OCCUPATION during most of work	DN (Give kind of work do king life, even if retired)	ne 10b. KIND OF	BUSINESS OR IND		ACE (Stote o		ountry)		S.		OUNTI
3. FATHER'S NAME Parker	Barnes			14. MOTHER'S Mary		IAME Lank	ford				
	R IN U. S. ARMED FORCE (If yes, give war ar dates of serv			INFORMANT Edw. Was	rd		West		, M	d.	
Conditions, if o gove rise to i couse (o), stating lying couse lost.  PART II. OTH	m mediote	Eleve TIONS CONTRIBL	e Quit	CMA	THE TERMIN	Class NAL DISEAS	a hipe	YEN IN PAR	RT 1(0) 15	WAS PERFO	RMED
(IF EITHER, NOTIFY	AS UNDERLYING   20	Ob. DESCRIBE HO	OW INJURY OCCURR		f injury in P	Port I or Por	t II of item 18.)			YES [	NO
20c. TIME OF INJUR Hour -m. 2 p. m.	Month, Doy, Year July 23 19 6		t while O	PLACE OF INJURY (Proposition of the potory, street, office			or town)		County) Som		(Sto
21. I certify the alive on Cu	at I ottended the co		, and that deal	3 , 19 Ca	-	ADDRESS (S	the couses on treet, city or town, Maryla	d on th		stated	
	eorge C. C	oulbou	rn, M.D.			cion,					
REMOVAL (Specify) Burial	August 8	1960 R	ehobeth P			Reh	TION (City, town, obeth			(Stot	e)
23. FUNERAL DIRECTOR	S SIGNATURE		odress sfield. M	1.		NG 1.6		STRAR'S SI			



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the function of the fun

VS. AISME(S) 5M 9/55

ertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer "sector. Page 4 should be 3 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you.	burial, crematian,
funer rector. ir you es.	registrar priar to
ay be retained for	1 and 2 with the
8. Give Pages 1, PM3. Page 5 m	rmit. File pages
pencil in Item 1	burial-transit per
front 'pending' in Examiner's Office	auld be used as a
ertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerarized to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you es.	IERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, crematian, naval.
ertifi 5 to 1	ERAL DI.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9611 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

/ KA		
(IAI	1. PLACE OF DEATH. a. COUNTY Somerset MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission a. STATE b. COUNTY Somers	-form
V	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A CON  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDE ON A FA YES  N	RM?
	3. NAME OF DECEASED (Type or print)  Our Per Death Aug. 13 196	0
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF SIRTH   9. AGE (In your   If UNDER 14EAR IF UNDER 24   100 birthdor)   Months   Days   Hours   Min	
1	10a. USUAL OCCUPATION (Give kind of work dane down the dane down during most of working lite, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country), ,   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (State or foreign country), ,   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (State or foreign country), ,   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (State or foreign country), ,   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (State or foreign country), ,   14. CITIZEN OF WHAT COUNTRY   15. INDUSTRY	4 c
	13. FATHER'S NAME Jackson Vount Amand Mandy Muly	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT.  (You, no. or unknown) (If yes, give wor or doles of serice) NOTE DEVIL Young Marion Star, Md	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  (c)	-
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN TO THE TERMINAL DISEA	)?,
	20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not while at work at work at work 19 at w	ote)
	21. 1 certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	that
9	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNATURE  M.D. CHIEF MEDICAL EXAMINER DATE SIGNATURE  ASSISTANT MEDICAL EXAMINER DATE SIGNATURE  ASSIST	o O
	EXAMINER'S /C. H. JOHN SON DEPUTY MEDICAL EXAMINER (1)	
0	220. BURIAL, CREMATION, PEMOVAL (Specify)  220. NAME OF CEMETERY OR CREMATORY  220. LOCATION (City, town, or county)  220. LOCATION (City, town, or county)  221. EUNERAL DIRECTOR'S SIGNATURE  220. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	1
B	Charles H. Ward- Marion Sta DATE UG 2 2 '60 William 8. Knows	